

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	Chapter 11
AMERICAN PHYSICIAN PARTNERS, LLC, <i>et al.</i> , ¹)	Case No. 23-11469 (BLS)
Debtors.)	(Jointly Administered)
)	

**GLOBAL NOTES AND STATEMENTS OF LIMITATIONS, METHODOLOGY, AND
DISCLAIMERS REGARDING DEBTORS' SCHEDULES OF ASSETS AND
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

American Physician Partners, LLC and its debtor affiliates in the above-captioned chapter 11 cases filed on September 18, 2023 and September 19, 2023, as applicable, as debtors and debtors in possession (collectively, the “**Debtors**”), are filing their respective Schedules of Assets and Liabilities (each, a “**Schedule**,” and collectively, the “**Schedules**”) and Statements of Financial Affairs (each, a “**Statement**” and collectively, the “**Statements**”) in the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”) pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “**Global Notes**”) pertain to, and are incorporated by reference in, and comprise an integral part of all of the Schedules and Statements. The Global Notes are in addition to the specific notes set forth below with respect to the Schedules and Statements (the “**Specific Notes**,” and, together with the Global Notes, the “**Notes**”). These Notes should be referred to, and referenced in connection with, any review of the Schedules and Statements.

The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation. The Debtors have made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances; however, subsequent information or discovery may result in material changes to the Schedules and Statements and errors or omissions may exist.

The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, liability, classification, identity of Debtor, or to otherwise subsequently

¹ A complete list of each of the Debtors in these chapter 11 cases may be obtained on the website of the Debtors' proposed claims and noticing agent at <https://dm.epiq11.com/AmericanPhysicianPartners>. The location of American Physician Partners, LLC's principal place of business and the Debtors' service address in these chapter 11 cases is 5121 Maryland Way, Suite 300, Brentwood, TN 37027.

designate any claim as “disputed,” “contingent,” or “unliquidated.” Furthermore, nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of any of the Debtors’ rights or an admission with respect to their chapter 11 cases, including any issues involving objections to claims, substantive consolidation, equitable subordination, defenses, characterization or recharacterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, or any other relevant applicable laws to recover assets or avoid transfers.

A. Global Notes and Overview of Methodology

The Schedules, Statements, and Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors or their affiliates.

1. **Description of the Chapter 11 Cases.** On September 18, 2023 and September 19, 2023, as applicable (the “**Petition Date**”), each of the Debtors commenced a voluntary case under chapter 11 of the Bankruptcy Code. On September 21, 2023, the Bankruptcy Court entered an order authorizing the joint administration of the chapter 11 cases pursuant to Bankruptcy Rule 1015(b) [Docket No. 39]. Notwithstanding the joint administration of the Debtors’ cases for procedural purposes, each Debtor has filed its own Schedules and Statements.

2. **Basis of Presentation.** In the ordinary course of business, the Debtors prepare consolidated financial statements for financial reporting purposes on a monthly basis. The Schedules and Statements are unaudited and are the result of the Debtors’ reasonable efforts to report certain financial information of each Debtor on an unconsolidated basis. The Schedules and Statements neither purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor. The Debtors used reasonable efforts to attribute the assets and liabilities, certain required financial information, and various cash disbursements to each individual Debtor entity. Because the Debtors’ accounting systems, policies, and practices were developed for consolidated reporting purposes rather than for reporting by legal entity, however, it is possible that not all assets and liabilities have been recorded with the correct legal entity on the Schedules and Statements.

3. **Reporting Date.** Unless otherwise noted in specific responses, the Schedules and Statements reflect the Debtors’ books and records as of the close of business on September 18, 2023, or the latest available record date before then.

4. **Current Values.** The assets and liabilities of each Debtor are listed on the basis of the book value of the asset or liability in the respective Debtor’s accounting books and records. Unless otherwise noted, the carrying value on each of the Debtor’s books, rather than the current market value, is reflected in the Schedules and Statements.

5. **Confidentiality.** There may be instances when personal information was not included or was redacted due to the nature of an agreement between a Debtor and a third party or

concerns or to protect the privacy of an individual. Pursuant to the *Interim Order (I) Authorizing the Debtors to (A) File a Consolidated List of Creditors in Lieu of Submitting a Separate Mailing Matrix for Each Debtor, (B) File a Consolidated List of the Debtors Thirty Largest Unsecured Creditors, and (C) Redact Certain Personally Identifiable Information for Individual Creditors; and (II) Granting Related Relief* [Docket No. 41], the Debtors are authorized to redact personally identifiable information from their Schedules and Statements. Further, pursuant to *Interim Order Authorizing Certain Procedures to Maintain Confidentiality of Protected Health Information as Required by Applicable Privacy Rules* [Docket No. 42], the Debtors are also authorized to maintain the confidentiality of patient information as required by the Health Insurance Portability and Accountability Act of 1996.

6. **Consolidated Entity Accounts Payable and Disbursement Systems.** As described in the *Motion Regarding Chapter 11 First Day Motions Debtors' Motion for Entry of Interim and Final Orders Authorizing the Debtors to (A) Continue Operating Cash Management System, (B) Honor Certain Prepetition Obligations Related Thereto, (C) Maintain Existing Business Forms, and (D) Granting Related Relief* [Docket No. 6] (the “**Cash Management Motion**”), the Debtors utilize a centralized cash management system in the ordinary course of business to collect, concentrate, and disburse funds generated by their operations. In the ordinary course of business, the Debtors maintained business relationships among each other, which result in intercompany receivables (the “**Intercompany Claims**”) arising from intercompany transactions (the “**Intercompany Transactions**”). Additional information regarding the Intercompany Claims and Intercompany Transactions is described in the Cash Management Motion. Unless otherwise noted, the Debtors have reported the aggregate net intercompany balances among the Debtors as assets on Schedule A/B or as liabilities on Schedule E/F, as appropriate.

7. **Accuracy.** The financial information disclosed herein was not prepared in accordance with federal or state securities laws or other applicable non-bankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against or equity interests in the Debtors should evaluate this financial information considering the purposes for which it was prepared.

8. **Undetermined Amounts.** Claim amounts that could not readily be quantified by the Debtors are scheduled as “undetermined,” “unknown,” or “N/A.” The description of an amount as “undetermined,” “unknown,” or “N/A” is not intended to reflect upon the materiality of the amount.

9. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

10. **Insiders.** For purposes of the Schedules and Statements, the Debtors define “insiders” pursuant to section 101(31) of the Bankruptcy Code as: (a) directors; (b) officers; (c) persons in control of the Debtors; (d) relatives of the Debtors’ directors, officers, or persons in

control of the Debtors; and (e) debtor/non-Debtor affiliates of the foregoing. Persons listed as “insiders” have been included for informational purposes only and by including them in the Schedules, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtors do not take any position with respect to: (a) any insider’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an “insider” under applicable law or with respect to any theories of liability or for any other purpose. The listing of a party as an “insider” is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, Claim, right, or defense, and all such rights, Claims, and defenses are hereby expressly reserved.

11. **Totals.** All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements and exclude items identified as “unknown” or “undetermined.” If there are unknown or undetermined amounts, the actual totals may be materially different from the listed totals.

12. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated.

13. **Payment of Prepetition Claims Pursuant to First Day Orders.** The Debtors have requested authority to pay certain outstanding prepetition claims pursuant to orders entered by this court after the initial hearing in these cases (collectively, the “**First Day Orders**”). The Schedules and Statements reflect the Debtors’ outstanding liabilities in their amounts owed as of the Petition Date without reducing liabilities on account of any payments authorized under the First Day Orders. If liabilities on account of prepetition wages and benefits have been satisfied in full, they are not listed on the Schedules and Statements unless otherwise noted.

14. **Other Paid Claims.** If the Debtors have reached any post-petition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Schedules and Statements, and shall be enforceable by all parties.

15. **Setoffs.** The Debtors routinely incurred certain setoffs from customers and suppliers in the ordinary course of business. Setoffs in the ordinary course can result from various items including pricing discrepancies, customer programs, returns, and other disputes between the Debtors and their customers or suppliers. In the ordinary course of business, the Debtors would setoff invoices with credit memos. These routine setoffs were consistent with the ordinary course of business in the Debtors’ industry, and, therefore, were particularly voluminous, unduly burdensome, and costly for the Debtors to regularly document. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not always independently accounted for and may be excluded from the Schedules and Statements.

16. **Revenue Cycle Management Procedures.** As discussed in the *Declaration of John C. DiDonato in Support of the Debtors’ Chapter 11 Petitions and First Day Relief* (the “**First Day Declaration**”), historically, most of the Company’s revenue has been attributable to agreements with emergency departments under the AR contracts model, where typically the

Company (1) provided the staffing/management services and (2) was responsible for coding, billing, and collecting the fees billed for services from Medicaid, Medicare, Blue Cross Blue Shield, commercial payors, insurance companies and/or the patients and related services (“**Revenue Cycle Management**” or “**RCM Services**”). Commencing in September 2019, the Debtors contracted with and utilized a non-affiliate service provider – Medical Consultants, Inc. (“**MCI**”), a subsidiary of RI RCM Holdco, Inc. (“**RI**”) – to provide the RCM Services for the Debtors. MCI has been the exclusive Revenue Cycle Management provider for the Company for the past several years and, because of the relationship, maintains voluminous records/documents with history and supporting and claims processing details. The Debtors have used their best efforts to insure that the information contained in the Schedules, Statements, or Notes includes, where necessary, all assets and liabilities of the Debtors as reflected in records maintained by RI as related to the RCM Services.

17. **Debtors’ Reservation of Rights.** Nothing contained in the Schedules, Statements, or Notes shall constitute a waiver of rights with respect to these chapter 11 cases, including the following:

- a. Any failure to designate a claim listed on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such amount is not “disputed,” “contingent,” or “unliquidated.” The Debtors reserve the right to dispute and to assert setoff rights, counterclaims, and defenses to any claim reflected on the Schedules as to amount, liability, and classification, and to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.”
- b. Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.
- c. The listing of a claim or agreement (i) on Schedule D as “secured,” (ii) on Schedule E/F (Part 1) as “priority,” (iii) on Schedule E/F (Part 2) as “unsecured,” or (iv) on Schedule G as “executory” or “unexpired” does not constitute an admission by the Debtors of the legal rights of the claimant, the executory nature of the agreement under section 365 of the Bankruptcy Code, or a waiver of the Debtors’ rights to recharacterize or reclassify such claim or agreement pursuant to a schedule amendment, claim objection or otherwise. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors’ assets in which such creditors may have a security interest has been undertaken. Except as provided in an order of the Bankruptcy Court, the Debtors reserve all rights to dispute and challenge the secured nature or amount of any such creditor’s claims or the characterization of the structure of any transaction, or any document or instrument related to such creditor’s claim.

- d. In the ordinary course of their businesses, the Debtors leased equipment and other assets from certain third-party lessors for use in their daily operations. The Debtors have made commercially reasonable efforts to list any such leases in Schedule G, and any current amounts due under such leases that were outstanding as of the Petition Date are listed on Schedule E/F. Except as otherwise noted herein, the property subject to any such lease is not reflected in Schedule A/B as either owned property or an asset of the Debtors, and neither is such property or assets of third parties within the control of the Debtors. Nothing in the Schedules is or shall be construed as an admission or determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect to any of such issues, including the recharacterization thereof.
- e. The claims of individual creditors for, among other things, goods, products, services or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights with regard to such credits, allowances and other adjustments, including the right to assert claims objections or setoffs with respect to the same.
- f. The Debtors' businesses were part of a complex enterprise. Although the Debtors have exercised their reasonable efforts to ensure the accuracy of their Schedules and Statements, they nevertheless may contain errors and omissions. The Debtors hereby reserve all their rights to dispute the validity, status, and enforceability of any contracts, agreements, and leases identified in the Schedules and Statements, and to amend and supplement the Schedules and Statements as necessary.
- g. The Debtors further reserve all their rights, claims, and causes of action with respect to the contracts and agreements listed on the Schedules and Statements, including the right to dispute and challenge the characterization or the structure of any transaction, document, and instrument related to a creditor's claim.
- h. The Debtors exercised their reasonable efforts to locate and identify guarantees and other secondary liability claims (the "**Guarantees**") in their executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. If such Guarantees have been identified, they are included in the relevant Schedules and Statements. Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements may have been omitted inadvertently. Thus, the Debtors reserve their rights to amend and supplement the Schedules and Statements if additional Guarantees are identified. In addition, the Debtors reserve the right to amend the Schedules and Statements to re-characterize and reclassify any such contract or claim.

18. **Global Notes Control.** If the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

B. Specific Notes for Schedules

1. Schedule A/B.

- a. **A/B.3.** The values provided for in Schedule A/B, Item 3 for each account for a given Debtor reflects the book ending cash balance of such account as of the Petition Date.
- b. **A/B. 11.** Amounts listed reflect net patient receivable.
- c. **A/B. 15.** Investments are listed as having an undetermined value.
- d. **A/B. 38-41.** The Debtors' furniture, fixtures and equipment are listed at net book value.
- e. **A/B. 73.** The Debtors may have certain residual amounts owed to them from their medical malpractice insurance provider. These include: (i) overpayments of premiums for policy periods ended June 29, 2023 wherein the provider currently holds approximately \$48 million in total; (ii) return of certain premiums paid for policy year beginning June 30, 2023 in the amount of approximately \$1.3 million, which policy the provider has attempted to rescind and which rescission the Debtors dispute; and (iii) certain policy dividends for prior years owed to the Debtors which the provider has refused to pay, citing ongoing disputes.
- f. **A/B.70-77.** Despite exercising commercially reasonable efforts to identify all known assets, the Debtors may not have listed all their causes of action or potential causes of action against third parties as assets in their Schedules.

2. Schedule D. Certain of the claims listed on Schedule D, as well as the Guarantees of those claims listed on Schedule H, arose, and were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all these dates are included for each such claim. To the best of the Debtors' knowledge, all claims listed on Schedule D arose or were incurred before the Petition Date. The amounts in Schedule D are consistent with the Debtors' stipulations set forth in the *Motion to Approve Use of Cash Collateral Motion of the Debtors Pursuant to Sections 105, 361, 362, 363 and 507 of the Bankruptcy Code, Bankruptcy Rule 4001, and Local Rule 4001-2 for Interim and Final Orders (A) Authorizing Debtors to Use Cash Collateral, (B) Granting Adequate Protection to Prepetition Secured Parties, (C) Modifying the Automatic Stay, and (D) Scheduling a Final Hearing* [Docket No. 10] (the "**Cash Collateral Motion**"), which are subject to investigation and challenge by the Official Committee of Unsecured Creditors or other parties in interest.

Except as otherwise agreed to or stated pursuant to a stipulation or order entered by the Bankruptcy Court that is or becomes final, including any final order approving the Cash Collateral Motion, the Debtors and their estates and, subject to the foregoing limitations, note as

follows: (a) although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, no current valuation of the Debtors' assets in which such creditors may have a lien has been undertaken; (b) the descriptions provided on Schedule D only are intended to be a summary; and (c) the Debtors have not included on Schedule D claims that were secured by property for which the collateral was not in the Debtors' possession as of the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens.

Except as specifically stated herein, real property lessors, equipment lessors, utility companies, and other parties which may hold security deposits or other security interests have not been listed on Schedule D.

The Debtors have not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments posted by, or on behalf of, the Debtors, or judgment or statutory lien rights.

3. Schedule E/F

a. Part 1.

Certain of the claims listed on Schedule E/F (Part 1) arose and were incurred on multiple dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all these multiple dates are included for each such claim.

The liabilities listed on Schedule E/F (Part 1) do not reflect any analysis of such claims under sections 503 or 507 of the Bankruptcy Code. The Debtors reserve the right to dispute or challenge whether creditors listed on Schedule E/F are entitled to priority status pursuant to sections 503 or 507 of the Bankruptcy Code. The listing of a claim on Schedule E/F, Part 1, does not constitute an admission by the Debtors that such claim or any portion thereof is entitled to priority status.

Claims owing to various taxing authorities to which the Debtors potentially may be liable are included on the Debtors' Schedule E/F. Certain of such claims, however, may be subject to ongoing audits or the Debtors otherwise are unable to determine with certainty the amount of the remaining claims listed on Schedule E/F. Therefore, the Debtors have listed all such claims as contingent, pending final resolution of ongoing audits or other outstanding issues.

b. Part 2.

The Debtors have exercised their commercially reasonable efforts to list all liabilities on Schedule E/F of each applicable Debtor. As a result of the Debtors' consolidated operations, however, the reader should review Schedule E/F for all Debtors in these cases for a complete understanding of the unsecured debts of the Debtors. Certain creditors listed on Schedule E/F may owe amounts to the Debtors, and, as such, the Debtors may have valid setoff and recoupment rights with respect to such amounts. The amounts listed on Schedule E/F may not

reflect any such right of setoff or recoupment, and the Debtors reserve all rights to assert the same and to dispute and challenge any setoff or recoupment rights that may be asserted against the Debtors by a creditor. Additionally, certain creditors may assert liens against the Debtors for amounts listed on Schedule E/F. The Debtors reserve their rights to dispute and challenge the validity, perfection, and immunity from avoidance of any lien purported to be perfected by a creditor listed on Schedule E/F of any Debtor. In addition, certain claims listed on Schedule E/F (Part 2) may be entitled to priority under section 503(b)(9) of the Bankruptcy Code.

The Debtors have included trade creditors and taxing authorities on Schedule E/F, some of whose claims may have been satisfied, in whole or in part, pursuant to the First Day Orders. Notwithstanding the foregoing, the Debtors have reflected the prepetition liabilities of such trade creditors and taxing authorities as of the Petition Date. Moreover, Schedule E/F does not include certain balances including deferred liabilities, accruals, or general reserves. The accruals primarily represent general estimates of liabilities and do not represent specific claims as of the Petition Date. The Debtors have made reasonable efforts to include as contingent, unliquidated, or disputed the claim of any party not included on the Debtors' open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Intercompany payables among the Debtors are reported on Schedule E/F, which may or may not result in allowed or enforceable claims by or against a given Debtor. The intercompany payables also may be subject to recoupment, netting, or other adjustments made pursuant to customary intercompany policies and practices not reflected in the Schedules.

To the extent practicable, Schedule E/F is intended to reflect the balance as of the Petition Date. Despite the Debtors' reasonable best efforts, to the extent an unsecured claim has been paid or may be paid, it is possible such claim is not included on Schedule E/F. Certain Debtors may pay additional claims listed on Schedule E/F during these chapter 11 cases pursuant to these and other orders of the Bankruptcy Court and the Debtors reserve all of their rights to update Schedule E/F to reflect such payments or to modify the claims register to account for the satisfaction of such claim. Additionally, Schedule E/F does not include any potential rejection damage claims of the counterparties to executory contracts and unexpired leases that may be rejected.

As of the time of filing the Schedules and Statements, the Debtors had not received all invoices for payables, expenses, and other liabilities that may have accrued prior to the Petition Date. Accordingly, the information contained in Schedules D and E/F may be incomplete. The Debtors reserve their rights to amend Schedules D and E/F if and as they receive such invoices.

4. **Schedule G.** Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively, the "**Agreements**"), review is ongoing and inadvertent errors, omissions or overinclusion may have occurred. The Debtors may have entered into various other types of Agreements in the ordinary course of their businesses, such as indemnity agreements, supplemental agreements, and amendments/letter agreements that may not be set forth in Schedule G. The Agreements listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements that may not be listed on Schedule G. Executory

agreements that are oral in nature have not been included in Schedule G. Certain of the Agreements listed on Schedule G may have been entered into on behalf of more than one of the Debtors. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtors hereby reserve all their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

5. **Schedule H.** The Debtors are party to certain prepetition secured credit agreements which were executed by multiple Debtors. The obligations of guarantors under the prepetition secured credit agreements are noted on Schedule H for each individual debtor. Furthermore, the Debtors may not have identified certain guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements. No claim set forth on the Schedules and Statements of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other Debtors.

C. Specific Notes for Statements

1. **Statement 1 and 2.** The gross revenue and non-business revenue reported for the current fiscal year are through September 18, 2023.

2. **Statement 3.** The payments disclosed in Statement 3 are based on payments made by the Debtors with payment dates from June 20, 2023 to September 18, 2023. The actual dates that cash cleared the Debtors' bank accounts may differ based on the form of payment. The Debtors' accounts payable system does not include the corresponding payment clear dates and compiling this data would have required a time-consuming manual review of individual bank statements. It is expected, however, that many payments included in Statement 3 have payment clear dates that are the same as payment dates (*e.g.*, wires and other forms of electronic payments).

3. **Statement 4.** As more fully described in the Cash Management Motion, prepetition, the Debtors engaged in intercompany transactions ("**Intercompany Transactions**") with each other in the ordinary course of their business. American Physician Holdings LLC is a party to various management services agreements with certain of the other operating Debtors (collectively, the "**Management Services Agreements**"). In general, American Physician Holdings LLC provides managerial and professional services to the operating Debtors (other than services relating to the practice of medicine) and pays substantially all their operating expenses. The Debtors' operating companies transfer deposits made into their applicable bank accounts to the concentration account. The Debtors have included the monthly activity between the Debtors. Payments to members of the Board of Managers, including Jim Decker, Jay Martus, James Frary and Lawrence Hirsh include amounts for outside counsel. These amounts were allocated among the aforementioned parties, during their tenure.

4. **Statement 6.** The items listed in Statement 6 are instances where the Debtors specifically allowed and agreed to an offset of the Debtor's accounts payable against the Debtor's accounts receivable. The Debtors have not included in Statement 6 (a) any patient refund programs managed by R1 that would offset the expected accounts receivable in the ordinary course of business. The Debtors listed the offset previously agreed upon in the Debtors' prepetition

agreement with Sapientes Funding II (“**Sapientes**”) for the collection of certain accounts receivable. The Debtors also listed setoffs to stipend accounts receivable due to transition related activities in which successors agreed to provide active providers with prior acts coverage.

5. **Statement 7.** The Debtors have used reasonable efforts to report all legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the Debtors were involved in any capacity within one year before the Petition Date. The Debtors reserve their rights to assert that neither the Debtors nor any affiliate of the Debtors is an appropriate party to such actions or proceedings. The Debtors are working with their insurance carriers to obtain details relating to workers’ compensation, auto and general liability, medical malpractice claims and, if necessary, will supplement the Statement when received.

6. **Statement 9.** The amounts listed were based on a manual review of items in the Debtors’ books and records determined to be gifts or charitable contributions. As a result, inadvertent errors or omissions may exist. Further, other gifts may exist that are below the \$1,000 threshold per recipient that are not captured herein. In the ordinary course of business, the company undertakes sponsorship activities.

7. **Statement 11.** The Debtors have used reasonable efforts to identify payments for services of any entities who provided consultation concerning debt counseling or restructuring services, relief under the Bankruptcy Code or preparation of a petition in bankruptcy within one year immediately before the Petition Date, which are identified in the Debtors’ response to Statement 11. Additional information regarding the Debtors’ retention of professional service firms is and will be more fully described in the individual retention applications for those firms and any related orders. Amounts listed reflect the total amounts paid to these respective firms as bifurcating the specific restructuring activities would be administratively burdensome.

8. **Statement 13.** As described in the First Day Declaration the Debtors facilitated the orderly transitions of approximately 150 emergency department and hospital medicine contracts to alternative service providers and its health system/hospital partners who provided insourced solutions by the end of July 2023, and have been listed with an undetermined value.

9. **Statement 16.** The Debtors, via their Revenue Cycle Manager, have access to patient records. The Debtors adhere to HIPAA requirements and policies and have information security protocols to safeguard personally identifiable information.

10. **Statement 26(d).** Over the past two years, the Debtors have provided their financial statements via physical and electronic mail to various parties in the ordinary course of business, including current or potential secured lenders, government entities, shareholders, customers, and other interested parties. Professionals retained by the Debtors prior to the Petition Date also ran a comprehensive marketing and sale process and disclosed substantial financial information to numerous interested parties. Parties provided with historical financial information as part of the Debtors’ marketing and sale process have not been listed on Statement 26(d). Recipients of financial information generally received consolidated accounts for the Debtors.

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number 23-11500
(if known)☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*

NOT APPLICABLE

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$592,478.37

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$592,478.37

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$594,227,927.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*

NOT APPLICABLE

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+

\$591,908.35

4. **Total liabilities**

Lines 2 + 3a + 3b

\$594,819,835.35

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number 23-11500
(if known)☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: CASH AND CASH EQUIVALENTS**1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. CASH ON HAND**

NONE

3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS
(IDENTIFY ALL)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. CADENCE BANK	6560		\$0.00
3.2. US BANK	0712		\$0.00

4. OTHER CASH EQUIVALENTS

NONE

5 Total of Part 1.
ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$0.00

Part 2: DEPOSITS AND PREPAYMENTS**6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of
debtor's interest**7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

(Name)

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

9 Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

NOT APPLICABLE

Part 3: ACCOUNTS RECEIVABLE**10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest**11. ACCOUNTS RECEIVABLE**

90 DAYS OLD OR LESS	\$267,083.39	SEE GLOBAL NOTES	=	→	\$267,083.39
	face amount	doubtful or uncollectable accounts			
OVER 90 DAYS OLD	\$325,394.98	SEE GLOBAL NOTES	=	→	\$325,394.98
	face amount	doubtful or uncollectable accounts			

12 Total of Part 3.

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$592,478.37

Part 4: INVESTMENTS**13. DOES THE DEBTOR OWN ANY INVESTMENTS?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used
for current valueCurrent value of
debtor's interest**14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1**

NAME OF FUND OR STOCK:

15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE**16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1**

DESCRIBE:

17 Total of Part 4.

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

NOT APPLICABLE

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS**18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?**

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description

Date of the last
physical inventoryNet book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of
debtor's interest

(Name)

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. RAW MATERIALS				
20. WORK IN PROGRESS				
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE				
22. OTHER INVENTORY OR SUPPLIES				
23 Total of Part 5. ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				NOT APPLICABLE
24. Is any of the property listed in Part 5 perishable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)				
27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)? <input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Fill in the information below.				
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED				
29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH <i>EXAMPLES:</i> LIVESTOCK, POULTRY, FARM-RAISED FISH				
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)				
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED				
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6				
33 Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.				NOT APPLICABLE
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes				
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

(Name)

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES**38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES?**

- ☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE			
40. OFFICE FIXTURES			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES <i>EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES</i>			
43 Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			NOT APPLICABLE
44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES**46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?**

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES			
48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES <i>EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS</i>			
49. AIRCRAFT AND ACCESSORIES			
50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)			
51 Total of Part 8. ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.			NOT APPLICABLE

(Name)

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: REAL PROPERTY**54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST

Description and location of property
 Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property

Net book value of debtor's interest
 (Where available)

Valuation method used for current value

Current value of debtor's interest

56. Total of Part 9.

ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.

NOT APPLICABLE

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**

- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description

Net book value of debtor's interest
 (Where available)

Valuation method used for current value

Current value of debtor's interest

60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS**61. INTERNET DOMAIN NAMES AND WEBSITES****62. LICENSES, FRANCHISES, AND ROYALTIES****63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS****64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY****65. GOODWILL****66. Total of Part 10.**

ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.

NOT APPLICABLE

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: ALL OTHER ASSETS

70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?

INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. NOTES RECEIVABLE

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES

73.1.	COALITION INSURANCE SOLUTIONS (COALITION): CYBER LIABILITY - 4TH EXCESS POLICY # C-4MFH-239111-CEPMM-2023	UNDETERMINED
73.2.	ENDURANCE AMERICAN SPECIALTY INSURANCE CO. (SOMPO): CYBER LIABILITY POLICY # PRV30002366102	UNDETERMINED
73.3.	EVANSTON INSURANCE CO. (MARKEL): DIRECTORS & OFFICERS INCL FIDUCIARY POLICY # MKLV7MML000027	UNDETERMINED
73.4.	FEDERAL INSURANCE CO. (CHUBB): CRIME AND EMPLOYED LAWYERS LIABILITY POLICY # 8248-8715	UNDETERMINED
73.5.	FIREMAN'S FUND INSURANCE CO. (ALLIANZ): PROPERTY, GENERAL LIABILITY AND HIRED & NON OWNED AUTO LIABILITY POLICY # USC025424230	UNDETERMINED
73.6.	FREEDOM SPECIALTY INSURANCE CO. (NATIONWIDE): EMPLOYMENT PRACTICES LIABILITY POLICY # PHO2308918	UNDETERMINED
73.7.	GEMINI INSURANCE COMPANY (BERKLEY): DIRECTORS & OFFICERS EXCESS SIDE A DIC POLICY # BPRO8093521	UNDETERMINED
73.8.	HOUSTON CASUALTY CO. (TOKIO MARINE): CYBER LIABILITY - 2ND EXCESS POLICY # H23CXS20543-01	UNDETERMINED
73.9.	MAGMUTUAL INSURANCE CO.: WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY # WCV 0005665 08	UNDETERMINED
73.10.	PELEUS INSURANCE CO. (ARGO): EXCESS DIRECTORS & OFFICERS INCL FIDUCIARY POLICY # MLX4262120□1	UNDETERMINED
73.11.	PROFESSIONAL SECURITY INSURANCE CO. (MAGMUTUAL): PROFESSIONAL LIABILITY POLICY # PSL 09104408	UNDETERMINED
73.12.	SCOTTSDALE INSURANCE CO. (NATIONWIDE): CYBER LIABILITY - 3RD EXCESS POLICY # XMS230450	UNDETERMINED
73.13.	SYMETRA LIFE INSURANCE COMPANY: KEYMAN INSURANCE POLICY # AA6117563	UNDETERMINED
73.14.	ZURICH AMERICAN INSURANCE CO.: CYBER LIABILITY - 1ST EXCESS POLICY # SPR 4514845 - 04	UNDETERMINED

74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)

75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS

76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

(Name)

78 Total of Part 11.

ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>		
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$592,478.37	
83. Investments. <i>Copy line 17, Part 4.</i>		
84. Inventory. <i>Copy line 23, Part 5.</i>		
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>		
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>		
88. Real property. <i>Copy line 56, Part 9.</i> →		N/A
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>		
90. All other assets. <i>Copy line 78, Part 11.</i> +	UNDETERMINED	
91. Total. Add lines 80 through 90 for each column. 91a.	\$592,478.37 + 91b.	N/A
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$592,478.37

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number 23-11500
(if known)☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1	Creditor's name GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE Creditor's mailing address AGENT AND AS COLLATERAL AGENT 2001 ROSS AVE., SUITE 2800 DALLAS, TX 75201 Creditor's email address Date or dates debt was incurred VARIOUS Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien ALL ASSETS Describe the lien PREPETITION TERM & REVOLVER LOANS Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$594,227,927.00	UNDETERMINED
2.2	Creditor's name GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE Creditor's mailing address AGENT AND AS COLLATERAL AGENT 2001 ROSS AVE., SUITE 2800 DALLAS, TX 75201 Creditor's email address Date or dates debt was incurred VARIOUS Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien ALL ASSETS Describe the lien UCC LIEN # 17-0016151(AL) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNKNOWN	UNDETERMINED

(Name)

Part 1: Additional Page

			Column A	Column B
			Amount of claim <i>Do not deduct the value of collateral.</i>	Value of collateral that supports this claim
2.3	Creditor's name GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE Creditor's mailing address AGENT AND AS COLLATERAL AGENT 2001 ROSS AVE., SUITE 2800 DALLAS, TX 75201 Creditor's email address Date or dates debt was incurred VARIOUS Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien ALL ASSETS Describe the lien UCC LIEN # 15-0213174(AL) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNKNOWN	UNDETERMINED
2.4	Creditor's name GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE Creditor's mailing address AGENT AND AS COLLATERAL AGENT 2001 ROSS AVE., SUITE 2800 DALLAS, TX 75201 Creditor's email address Date or dates debt was incurred VARIOUS Last 4 digits of account number: Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien ALL ASSETS Describe the lien UCC LIEN # 15-0213168(AL) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	UNKNOWN	UNDETERMINED
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$594,227,927.00	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and Address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
KING & SPALDING LLP GOLDMAN SACHS SPECIALTY LENDING GROUP, L.P. ATTN: W. AUSTIN JOWERS 1180 PEACHTREE STREET, NE, SUITE 1600 ATLANTA, GA 30309	Line 2.1	

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number 23-11500
(if known)☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1.** Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No.
☒ Yes.

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing addressAHUJA, KAMAL, MD
ADDRESS REDACTED

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

CONTINGENT PROVIDER CLAIM

Is the claim subject to offset?

- ☒ No
☐ Yes

UNDETERMINED

3.2 Nonpriority creditor's name and mailing addressALABAMA DEPT OF REVENUE
50 N RIPLEY ST

MONTGOMERY, AL 36130

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAXING AUTHORITY

Is the claim subject to offset?

- ☒ No
☐ Yes

UNDETERMINED

(Name)

Part 2:

Additional Page

			Amount of claim
3.3	Nonpriority creditor's name and mailing address ALLEN, ANNA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.4	Nonpriority creditor's name and mailing address AMERICAN PHYSICIAN PARTNERS, LLC 5121 MARYLAND WAY SUITE 300 BRENTWOOD, TN 37027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$591,908.35
3.5	Nonpriority creditor's name and mailing address ANANIA, MARY KATHRYN ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.6	Nonpriority creditor's name and mailing address ANDERS, BETHANY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.7	Nonpriority creditor's name and mailing address AS MEDICAL SERVICES LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

(Name)

Part 2:

Additional Page

			Amount of claim
3.8	Nonpriority creditor's name and mailing address ATWELL, TONY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.9	Nonpriority creditor's name and mailing address BAILEY, MICHAEL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.10	Nonpriority creditor's name and mailing address BAILY, BENJAMIN ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.11	Nonpriority creditor's name and mailing address BAKER, BRITTANY, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.12	Nonpriority creditor's name and mailing address BAKER, MURRAY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.13	Nonpriority creditor's name and mailing address BALDWIN, PATRICK, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.14	Nonpriority creditor's name and mailing address BARNHART, MELANIE, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.15	Nonpriority creditor's name and mailing address BERMAN, JASON, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.16	Nonpriority creditor's name and mailing address BIDDLE, CHRISTEN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.17	Nonpriority creditor's name and mailing address BISCHOF, MICHAEL, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.18	Nonpriority creditor's name and mailing address BOLIN, JAMIE, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.19	Nonpriority creditor's name and mailing address BONDS, ETHAN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.20	Nonpriority creditor's name and mailing address BOODY, ANASTASIA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.21	Nonpriority creditor's name and mailing address BORUCKI, GREGORY, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.22	Nonpriority creditor's name and mailing address BRACKIN, ASHLIE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.23	Nonpriority creditor's name and mailing address BRODMERKEL, BRITNEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.24	Nonpriority creditor's name and mailing address BURCHAM, PENNY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.25	Nonpriority creditor's name and mailing address CARA, LIVIA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.26	Nonpriority creditor's name and mailing address CARLSON, WILLIAM, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.27	Nonpriority creditor's name and mailing address CARROLL, BROOKE, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.28	Nonpriority creditor's name and mailing address CHAUVIN, JOHN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.29	Nonpriority creditor's name and mailing address CHRISTEN, NEIL, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.30	Nonpriority creditor's name and mailing address CHRISTENSEN, MARK, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.31	Nonpriority creditor's name and mailing address CHRISTIE, ANDREW, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.32	Nonpriority creditor's name and mailing address CHRISTOPHER GULLEDGE ADDRESS REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.33	Nonpriority creditor's name and mailing address CHUKELU, PAUL, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.34	Nonpriority creditor's name and mailing address CITY OF ANNISTON ATTN: FINANCE DEPARTMENT 4305 MCCLELLAN BLVD ANNISTON, AL 36206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.35	Nonpriority creditor's name and mailing address CITY OF ANNISTON ATTN: FINANCE DEPARTMENT PO BOX 2168 ANNISTON, AL 36202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.36	Nonpriority creditor's name and mailing address CITY OF CADIZ 63 MAIN STREET, PO BOX 1645 CADIZ, KY 42211 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.37	Nonpriority creditor's name and mailing address CITY OF CARLSBAD PLANNING, ENGINEERING, AND REGULATION DEPARTMENT 114 S. HALAGUENO STREET, PO BOX 1569 CARLSBAD, NM 88220 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.38	Nonpriority creditor's name and mailing address CITY OF GADSDEN REVENUE DEPARTMENT 90 BROAD ST GADSDEN, AL 35901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.39	Nonpriority creditor's name and mailing address CITY OF GADSDEN REVENUE DEPARTMENT PO BOX 267 GADSDEN, AL 35902-0267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.40	Nonpriority creditor's name and mailing address CITY OF GALLUP CITY CLERK'S OFFICE 110 WEST AZTEC, PO BOX 1270 GALLUP, NM 87305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.41	Nonpriority creditor's name and mailing address CITY OF HOPKINSVILLE MUNICIPAL BUILDING 715 S VIRGINIA ST HOPKINSVILLE, KY 42240 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.42	Nonpriority creditor's name and mailing address CITY OF HOPKINSVILLE PO BOX 707 HOPKINSVILLE, KY 42241-0707 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.43	Nonpriority creditor's name and mailing address CITY OF ROSWELL 421 N RICHARDSON PO BOX DRAWER 1838 ROSWELL, NM 88202-1838 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.44	Nonpriority creditor's name and mailing address CITY OF TUCSON COLLECTIONS SECTION 255 W. ALAMEDA TUCSON, AZ 85701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.45	Nonpriority creditor's name and mailing address CITY OF TUCSON COLLECTIONS SECTION PO BOX 27320 TUCSON, AZ 85726-7320 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.46	Nonpriority creditor's name and mailing address CLAASSEN, DAVID, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.47	Nonpriority creditor's name and mailing address CLEMENT, CALLIE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.48	Nonpriority creditor's name and mailing address COBB, ANDREA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.49	Nonpriority creditor's name and mailing address CONN, KENNETH, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.50	Nonpriority creditor's name and mailing address CORBIN, ADAM, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.51	Nonpriority creditor's name and mailing address CORTNEY, CORNELIUS, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.52	Nonpriority creditor's name and mailing address CROSBY, JAMES, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.53	Nonpriority creditor's name and mailing address CUSTIS, JAMES, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.54	Nonpriority creditor's name and mailing address DAVIDSON, SARAH, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.55	Nonpriority creditor's name and mailing address DAVIS, WILLIAM, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.56	Nonpriority creditor's name and mailing address DRIGGERS, KIM, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.57	Nonpriority creditor's name and mailing address DUDLEY, LAWERNCE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.58	Nonpriority creditor's name and mailing address EDWARDS, CHRISTOPHER, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.59	Nonpriority creditor's name and mailing address EIDSON, MADELINE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.60	Nonpriority creditor's name and mailing address ELSAIED, GALAL, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.61	Nonpriority creditor's name and mailing address ENCORE MEDICAL SERVICES INC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.62	Nonpriority creditor's name and mailing address ESEMERGENCY SERVICDES LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.63	Nonpriority creditor's name and mailing address ESPINEL, ALFONSO, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.64	Nonpriority creditor's name and mailing address FERGUSON, WILLIAM, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.65	Nonpriority creditor's name and mailing address FERRERA, WILLIAM, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.66	Nonpriority creditor's name and mailing address FIGUEROA, JESUS VAZQUEZ, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.67	Nonpriority creditor's name and mailing address FIRESTONE, JENNIFER, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.68	Nonpriority creditor's name and mailing address FOLEY, STUART, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.69	Nonpriority creditor's name and mailing address FORTENBERRY, EMILY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.70	Nonpriority creditor's name and mailing address FOSTER, JOSEPH, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.71	Nonpriority creditor's name and mailing address GEER, KELSEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.72	Nonpriority creditor's name and mailing address GEISENHEIMER, THOMAS, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.73	Nonpriority creditor's name and mailing address GEROWSKI, DEANNA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.74	Nonpriority creditor's name and mailing address GILBREATH, LISA, FNP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.75	Nonpriority creditor's name and mailing address GILBREATH, LISA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.76	Nonpriority creditor's name and mailing address GOVIL, SANDEEP, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.77	Nonpriority creditor's name and mailing address GRAYNER, SCOTT, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.78	Nonpriority creditor's name and mailing address GRIFFIN, JAMES DANIEL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.79	Nonpriority creditor's name and mailing address GULLEDGE, CHRISTOPHER, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.80	Nonpriority creditor's name and mailing address GULLEDGE, RACHEL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.81	Nonpriority creditor's name and mailing address HALLMAN, MELANIE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.82	Nonpriority creditor's name and mailing address HANNAH, JONATHAN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.83	Nonpriority creditor's name and mailing address HARRISON ELEBASH, JOHN SAMS, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.84	Nonpriority creditor's name and mailing address HENDERSON, JAMES, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.85	Nonpriority creditor's name and mailing address HENDERSON, LAURA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.86	Nonpriority creditor's name and mailing address HOVEY, MELISSA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.87	Nonpriority creditor's name and mailing address HUDSON, BLAKELEY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.88	Nonpriority creditor's name and mailing address IJEMERE, IKE, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.89	Nonpriority creditor's name and mailing address INFANTE, JORGE, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.90	Nonpriority creditor's name and mailing address JACOBSON FAMILY LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.91	Nonpriority creditor's name and mailing address JOHNSON, JEREMY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.92	Nonpriority creditor's name and mailing address JONES MEDICAL SERVICES LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.93	Nonpriority creditor's name and mailing address JONES, NATHANIEL, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.94	Nonpriority creditor's name and mailing address JONES, WAYNE, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.95	Nonpriority creditor's name and mailing address JUAN, LUIZ, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.96	Nonpriority creditor's name and mailing address KALAMAZOO TOWNSHIP ATTN: SHERINE M. MILLER, TREASURER 1720 RIVERVIEW DR KALAMAZOO, MI 49004 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.97	Nonpriority creditor's name and mailing address KELLEY, SCOTT, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.98	Nonpriority creditor's name and mailing address KIMBALL, RACHAEL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.99	Nonpriority creditor's name and mailing address KING, JESSICA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.100	Nonpriority creditor's name and mailing address KITCHENS, ALAN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.101	Nonpriority creditor's name and mailing address KOLER, RIC, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.102	Nonpriority creditor's name and mailing address LAING, DENISE, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.103	Nonpriority creditor's name and mailing address LAIRD, DENNIS A ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.104	Nonpriority creditor's name and mailing address LEMLEY, HENRY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.105	Nonpriority creditor's name and mailing address LIPSCOMB, MISTI, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.106	Nonpriority creditor's name and mailing address LOCKETTE, JASON, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.107	Nonpriority creditor's name and mailing address LUNEJA, VINAY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.108	Nonpriority creditor's name and mailing address MANCUSO, DIANA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.109	Nonpriority creditor's name and mailing address MANGRA, ANNA, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.110	Nonpriority creditor's name and mailing address MARTIN, JASON, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.111	Nonpriority creditor's name and mailing address MCCAIN, WILL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.112	Nonpriority creditor's name and mailing address MCEVOY, BRITTANY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.113	Nonpriority creditor's name and mailing address MCMORRIES, RYAN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.114	Nonpriority creditor's name and mailing address MEKESA, MELISSA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.115	Nonpriority creditor's name and mailing address MELANCON, ERIC, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.116	Nonpriority creditor's name and mailing address MILLER, ALBER, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.117	Nonpriority creditor's name and mailing address MILLNS, BRITTANY, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.118	Nonpriority creditor's name and mailing address MINER, ROY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.119	Nonpriority creditor's name and mailing address MISSISSIPPI DEPARTMENT OF REVENUE 500 CLINTON CENTER DR CLINTON, MS 39056 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.120	Nonpriority creditor's name and mailing address MOLLOHAN, ERNEST, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.121	Nonpriority creditor's name and mailing address MONTGOMERY, BRENDILLA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.122	Nonpriority creditor's name and mailing address MOORE, MEGAN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.123	Nonpriority creditor's name and mailing address MORRIS, LINDA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.124	Nonpriority creditor's name and mailing address NAILOR, BETHANY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.125	Nonpriority creditor's name and mailing address NAME AND ADDRESS REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.126	Nonpriority creditor's name and mailing address NAME AND ADDRESS REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.127	Nonpriority creditor's name and mailing address NAME AND ADDRESS REDACTED Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.128	Nonpriority creditor's name and mailing address NEW MEXICO TAXATION AND REVENUE 1200 S ST FRANCIS DR, PO BOX 630 SANTA FE, NM 87504-0630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.129	Nonpriority creditor's name and mailing address NEWSOME, COURTNEY, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.130	Nonpriority creditor's name and mailing address NORTH CAROLINA DEPT OF REVENUE 501 N WILMINGTON ST RALEIGH, NC 27604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.131	Nonpriority creditor's name and mailing address OBERT, JOHN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.132	Nonpriority creditor's name and mailing address OGBUCHI, SAMPSON, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.133	Nonpriority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 N LINCOLN BLVD OKLAHOMA CITY, OK 73194 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.134	Nonpriority creditor's name and mailing address OSBORN, KRISTINA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.135	Nonpriority creditor's name and mailing address OVERMAN, BRIAN, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.136	Nonpriority creditor's name and mailing address PADLEY, JOHN MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.137	Nonpriority creditor's name and mailing address PARKER, HEATH, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.138	Nonpriority creditor's name and mailing address PATEL, VINIT V, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.139	Nonpriority creditor's name and mailing address PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142 Date or dates debt was incurred VARIABLE Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.140	Nonpriority creditor's name and mailing address PELINI, DAVID, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.141	Nonpriority creditor's name and mailing address PENDERGRAFT, STEPHEN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.142	Nonpriority creditor's name and mailing address PETERSON,CODY MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.143	Nonpriority creditor's name and mailing address PFITZER, SCOTT, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.144	Nonpriority creditor's name and mailing address PICTON, ANDREW NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.145	Nonpriority creditor's name and mailing address POPP, CHELSEA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.146	Nonpriority creditor's name and mailing address PREWITT, TIFFANY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.147	Nonpriority creditor's name and mailing address PREYEAR, ALZO, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.148	Nonpriority creditor's name and mailing address QAYYUM, MOHAMMAD, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.149	Nonpriority creditor's name and mailing address R&G MEDICAL SERVICE LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.150	Nonpriority creditor's name and mailing address RAMSEY, ANGELYN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.151	Nonpriority creditor's name and mailing address ROBERTS, ASHLEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.152	Nonpriority creditor's name and mailing address ROSE, AMY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.153	Nonpriority creditor's name and mailing address RUSHING, TOMMY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.154	Nonpriority creditor's name and mailing address SALEHUDDIN, MOHAMMED, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.155	Nonpriority creditor's name and mailing address SAPKOTA MD LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.156	Nonpriority creditor's name and mailing address SCHEXNAILDRE, RENE, JR, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.157	Nonpriority creditor's name and mailing address SCHUL, MARLIN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.158	Nonpriority creditor's name and mailing address SCOTT, JELAINA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.159	Nonpriority creditor's name and mailing address SELLS, KEVIN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.160	Nonpriority creditor's name and mailing address SF JONES MEDICAL SERVICES LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.161	Nonpriority creditor's name and mailing address SHEFFER, JENNY, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.162	Nonpriority creditor's name and mailing address SHELTON, PAULA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.163	Nonpriority creditor's name and mailing address SHOLABI, ISIAKA, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.164	Nonpriority creditor's name and mailing address SIMS, JUDIETH, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.165	Nonpriority creditor's name and mailing address SMITH, GEORGE, JR, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.166	Nonpriority creditor's name and mailing address SMITH, GREG, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.167	Nonpriority creditor's name and mailing address SMITH, REBECCA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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3.168	Nonpriority creditor's name and mailing address SNOW, JONI, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.169	Nonpriority creditor's name and mailing address SPARKS, VICTOR L, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.170	Nonpriority creditor's name and mailing address SPURLIN, SHELBY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.171	Nonpriority creditor's name and mailing address STATE OF ARIZONA, DEPT OF REVENUE 1600 W MONROE ST PHOENIX, AZ 85007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.172	Nonpriority creditor's name and mailing address STATE OF ARKANSAS, DEPT OF FINANCE AND ADMINISTRATION 1900 W 7TH ST, RM 1040 LITTLE ROCK, AR 72201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.173	Nonpriority creditor's name and mailing address STATE OF DELAWARE, DIVISION OF REVENUE GEORGETOWN OFFICE, 20653 DUPONT BLVD, STE 2 GEORGETOWN, DE 19947 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.174	Nonpriority creditor's name and mailing address STATE OF FLORIDA, DEPT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE, FL 32399 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.175	Nonpriority creditor's name and mailing address STATE OF GEORGIA, DEPT OF REVENUE 1800 CENTURY BLVD, NE, STE 12000 ATLANTA, GA 30345 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.176	Nonpriority creditor's name and mailing address STATE OF ILLINOIS, DEPT OF REVENUE 555 E MONROE ST, STE 1100 CHICAGO, IL 60661 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.177	Nonpriority creditor's name and mailing address STATE OF INDIANA, DEPT OF REVENUE 100 N SENATE AVE, RM N105 INDIANAPOLIS, IN 46204 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

Part 2:

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			Amount of claim
3.178	Nonpriority creditor's name and mailing address STATE OF KENTUCKY, DEPT OF REVENUE 501 HIGH ST FRANKFORT, KY 40601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.179	Nonpriority creditor's name and mailing address STATE OF MICHIGAN, DEPT OF REVENUE 430 W ALLEGAN ST LANSING, MI 48933 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.180	Nonpriority creditor's name and mailing address STATE OF NEVADA, DEPT OF REVENUE 1550 COLLEGE PKWY, STE 115 CARSON CITY, NV 89706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.181	Nonpriority creditor's name and mailing address STATE OF OHIO, DEPT OF REVENUE 4485 NORTHLAND RIDGE BLVD COLUMBUS, OH 43229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.182	Nonpriority creditor's name and mailing address STATE OF SOUTH CAROLINA, DEPT OF REVENUE 300A OUTLET POINTE BLVD COLUMBIA, SC 29210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

Part 2:

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			Amount of claim
3.183	Nonpriority creditor's name and mailing address STATE OF VIRGINIA, DEPT OF REVENUE 1957 WESTMORELAND ST RICHMOND, VA 23230 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.184	Nonpriority creditor's name and mailing address STEIL, NEAL, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.185	Nonpriority creditor's name and mailing address STRAIN, KELLEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.186	Nonpriority creditor's name and mailing address STRICKLAND, ADAM, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.187	Nonpriority creditor's name and mailing address SUTTON, DEEANNA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

(Name)

Part 2:

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			Amount of claim
3.188	Nonpriority creditor's name and mailing address SUZOL HEALTH PLLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.189	Nonpriority creditor's name and mailing address TENNESSEE DEPT OF REVENUE 500 DEADERICK ST NASHVILLE, TN 37242 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.190	Nonpriority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS LYNDON B JOHNSON STATE OFFICE BLDG 111 E 17TH ST AUSTIN, TX 78774 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.191	Nonpriority creditor's name and mailing address TOMASIE, KELLY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.192	Nonpriority creditor's name and mailing address TUCKER, BRITTANY, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

(Name)

Part 2:

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			Amount of claim
3.193	Nonpriority creditor's name and mailing address TUCKER, CAREY, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.194	Nonpriority creditor's name and mailing address TUNION, ABIGAIL, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.195	Nonpriority creditor's name and mailing address VANN, RICHARD ANDREW, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.196	Nonpriority creditor's name and mailing address VAUGHN, KATHY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.197	Nonpriority creditor's name and mailing address VITALITY MEDICAL LLC ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.198	Nonpriority creditor's name and mailing address WAGNER, GREGORY VAN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.199	Nonpriority creditor's name and mailing address WATERFORD TOWNSHIP TREASURER 5200 CIVIC CENTER DRIVE WATERFORD, MI 48329 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.200	Nonpriority creditor's name and mailing address WATSON, WHITNEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.201	Nonpriority creditor's name and mailing address WELKER, WESTON, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.202	Nonpriority creditor's name and mailing address WENDOLOWSKI, MARK, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.203	Nonpriority creditor's name and mailing address WILKERSON, BENNY, JR, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.204	Nonpriority creditor's name and mailing address WILLIAMS, CHRISTOPHER, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.205	Nonpriority creditor's name and mailing address WILLIAMS, EDWARD, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.206	Nonpriority creditor's name and mailing address WILLIAMS, EDWARD, PA ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.207	Nonpriority creditor's name and mailing address WILLIAMS, SHERRY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.208	Nonpriority creditor's name and mailing address WILLIAMSON COUNTY TRUSTEE 1320 W MAIN ST #203 FRANKLIN, TN 37064 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.209	Nonpriority creditor's name and mailing address WILLIAMSON COUNTY TRUSTEE PO BOX 648 FRANKLIN, TN 37065-0648 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXING AUTHORITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.210	Nonpriority creditor's name and mailing address WILLIAMSON, ASHLEY, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.211	Nonpriority creditor's name and mailing address WILLIAMSON, LEAH, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.212	Nonpriority creditor's name and mailing address WILLIAMSON, MARLON CHAD, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

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			Amount of claim
3.213	Nonpriority creditor's name and mailing address WILSON, SKYLAR, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.214	Nonpriority creditor's name and mailing address WISDA, JOHN, MD ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.215	Nonpriority creditor's name and mailing address WOODHAM, CYNTHIA, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.216	Nonpriority creditor's name and mailing address WOODHAM, REGAN, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED
3.217	Nonpriority creditor's name and mailing address WRIGHT, JOHN, DO ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

(Name)

Part 2: Additional Page

			Amount of claim
3.218	Nonpriority creditor's name and mailing address YOUNG, ELIZABETH, NP ADDRESS REDACTED Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONTINGENT PROVIDER CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNDETERMINED

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	5a. <u>NOT APPLICABLE</u>
5b.	Total claims from Part 2	5b. + <u>\$591,908.35</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <div><u>\$591,908.35</u></div>

Fill in this information to identify the case:Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 23-11500☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 6/13/2018	ALLEN, ANNA, NP ADDRESS REDACTED
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PROVIDER EMPLOYMENT AGREEMENT	ANANIA, MARY KATHRYN ADDRESS REDACTED
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	PROVIDER EMPLOYMENT AGREEMENT DTD 2/1/2022	ANDERS, BETHANY, NP ADDRESS REDACTED
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 7/20/2017	BAILY, BENJAMIN ADDRESS REDACTED

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 11/27/2018</p>	<p>BAKER, MURRAY, MD ADDRESS REDACTED</p>
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>BALDWIN, PATRICK, MD ADDRESS REDACTED</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>BERMAN, JASON, NP ADDRESS REDACTED</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 7/15/2019</p>	<p>BIDDLE, CHRISTEN, NP ADDRESS REDACTED</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 7/12/2022</p>	<p>BISCHOF, MICHAEL, DO ADDRESS REDACTED</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMORANDUM OF UNDERSTANDING - AFFILIATION FOR CLINICAL OR EDUCATIONAL PRECEPTORSHIP DTD 09/15/2017</p> <p>CURRENT</p>	<p>BOARD OF TTEES-UNIVERSITY OF ALABAMA O/B/O UNIVERSITY OF ALABAMA AT BIRMINGHAM</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 4/15/2022</p>	<p>BOLIN, JAMIE, PA ADDRESS REDACTED</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 7/1/2022</p>	<p>BONDS, ETHAN, NP ADDRESS REDACTED</p>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 10/25/2018</p>	<p>BOODY, ANASTASIA, NP ADDRESS REDACTED</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>BORUCKI, GREGORY, DO ADDRESS REDACTED</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 11/15/2021</p>	<p>BRACKIN, ASHLIE, NP ADDRESS REDACTED</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/11/2019</p>	<p>BURCHAM, PENNY, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER INDEPENDENT CONTRACTOR AGREEMENT 1099 DTD 8/1/2017</p>	<p>CARA, LIVIA, NP ADDRESS REDACTED</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/2/2018</p>	<p>CARA, LIVIA, NP ADDRESS REDACTED</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR AGREEMENT ADVANCED HEALTHCARE PRACTITIONER DTD 5/2/2018</p>	<p>CARA, LIVIA, NP ADDRESS REDACTED</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 1/25/2020</p>	<p>CARLSON, WILLIAM, MD ADDRESS REDACTED</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2022</p>	<p>CARROLL, BROOKE, MD ADDRESS REDACTED</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/20/2017</p>	<p>CHRISTEN, NEIL, MD ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 9/21/2017</p>	<p>CHRISTENSEN, MARK, MD ADDRESS REDACTED</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 2/23/2018</p>	<p>CHRISTIE, ANDREW, DO ADDRESS REDACTED</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 11/1/2018</p>	<p>CLAASSEN, DAVID, MD ADDRESS REDACTED</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 9/12/2022</p>	<p>COBB, ANDREA, NP ADDRESS REDACTED</p>
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 3/10/2017</p>	<p>CONN, KENNETH, NP ADDRESS REDACTED</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 8/1/2017</p>	<p>CONN, KENNETH, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER INDEPENDENT CONTRACTOR AGREEMENT 1099 DTD 8/2/2017</p>	<p>CONN, KENNETH, NP ADDRESS REDACTED</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/26/2018</p>	<p>CORBIN, ADAM, NP ADDRESS REDACTED</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 8/6/2019</p>	<p>CORTNEY, CORNELIUS, NP ADDRESS REDACTED</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY DEPARTMENTAL PROFESSIONAL SERVICES AGREEMENT DTD 05/01/2023</p> <p>CURRENT</p>	<p>CRESTWOOD HEALTHCARE LP D/B/A CRESTWOOD MEDICAL CENTER ATTN LEGAL DEPT, GEN COUNSEL 4000 MERIDIAN BLVD FRANKLIN, TN 37067</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY DEPARTMENTAL PROFESSIONAL SERVICES AGREEMENT DTD 05/01/2023</p> <p>CURRENT</p>	<p>CRESTWOOD HEALTHCARE LP D/B/A CRESTWOOD MEDICAL CENTER ONE HOSPITAL DR HUNTSVILLE, AL 35801</p>
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 10/29/2018</p>	<p>DAVIDSON, SARAH, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR AGREEMENT ADVANCED HEALTHCARE PRACTITIONER DTD 11/15/2017</p>	<p>DAVIDSON, SARAH, NP ADDRESS REDACTED</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>DRIGGERS, KIM, NP ADDRESS REDACTED</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/14/2021</p>	<p>DUDLEY, LAWERNCE, NP ADDRESS REDACTED</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>EDWARDS, CHRISTOPHER, MD ADDRESS REDACTED</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 7/9/2019</p>	<p>EIDSON, MADELINE, NP ADDRESS REDACTED</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICAN AGREEMENT DTD 12/6/2018</p>	<p>ESEMERGENCY SERVICDES LLC ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 10/4/2017</p>	<p>FERGUSON, WILLIAM, MD ADDRESS REDACTED</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 7/1/2022</p>	<p>FERRERA, WILLIAM, DO ADDRESS REDACTED</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 7/24/2017</p>	<p>FIGUEROA, JESUS VAZQUEZ, MD ADDRESS REDACTED</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 3/15/2022</p>	<p>FIRESTONE, JENNIFER, NP ADDRESS REDACTED</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITALIST & EMERGENCY DEPARTMENT PROFESSIONAL SERVICES AGREEMENT DTD 01/01/2019</p> <p>CURRENT</p>	<p>FLOWERS HOSPITAL 4370 W MAIN ST DOTHAN, AL 36305</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITALIST & EMERGENCY DEPARTMENT PROFESSIONAL SERVICES AGREEMENT DTD 01/01/2019</p> <p>CURRENT</p>	<p>FLOWERS HOSPITAL ATTN LEGAL DEPT, GEN COUNSEL 4000 MERIDIAN BLVD FRANKLIN, TN 37067</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITALIST & EMERGENCY SERVICES AGREEMENT DTD 01/01/2019</p> <p>CURRENT</p>	<p>FLOWERS HOSPITAL ATTN LEGAL DEPT, GEN COUNSEL 4000 MERIDIAN BLVD FRANKLIN, TN 37067</p>
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 9/1/2017</p>	<p>FOLEY, STUART, MD ADDRESS REDACTED</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 3/1/2021</p>	<p>FORTENBERRY, EMILY, NP ADDRESS REDACTED</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 02/01/2017</p> <p>CURRENT</p>	<p>GADSDEN REGIONAL MEDICAL CENTER LLC 1007 GOODYEAR AVE GADSDEN, AL 35903</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 5/23/2019</p>	<p>GEER, KELSEY, NP ADDRESS REDACTED</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 2/15/2021</p>	<p>GEISENHEIMER, THOMAS, DO ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYER SERVICE AGREEMENT</p> <p>CURRENT</p>	<p>GENERAL INFORMATION SERVICES INC ATTN GENERAL COUNSEL 12770 COLT RD DALLAS, TX 75251</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 9/16/2020</p>	<p>GEROWSKI, DEANNA, NP ADDRESS REDACTED</p>
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/15/2018</p>	<p>GOVIL, SANDEEP, MD ADDRESS REDACTED</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/4/2017</p>	<p>GRAYNER, SCOTT, MD ADDRESS REDACTED</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/5/2018</p>	<p>GRIFFIN, JAMES DANIEL, NP ADDRESS REDACTED</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 12/2/2019</p>	<p>GULLEDGE, CHRISTOPHER, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 2/1/2022</p>	<p>GULLEDGE, RACHEL, NP ADDRESS REDACTED</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 3/19/2017</p>	<p>HALLMAN, MELANIE, NP ADDRESS REDACTED</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOMENT AGREEMENT DTD 8/31/2017</p>	<p>HANNAH, JONATHAN, NP ADDRESS REDACTED</p>
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 08/01/2017</p> <p>CURRENT</p>	<p>HEALTH CARE AUTH OF THE CITY OF ANNISTON D/B/A NE ALABAMA REGIONAL MEDICAL CENTER ATTN CEO PO BOX 2208 ANNISTON, AL 36202</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 08/01/2017</p> <p>CURRENT</p>	<p>HEALTH CARE AUTH OF THE CITY OF ANNISTON D/B/A NORTHEAST ALABAMA REGIONAL MEDICAL CENTER ATTN CEO PO BOX 2208 ANNISTON, AL 36202</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 01/01/2018</p> <p>CURRENT</p>	<p>HEALTH CARE AUTH OF THE CITY OF ANNISTON D/B/A STRINGFELLOW MEMORIAL HOSPITAL ATTN CEO 301 E 18TH ST ANNISTON, AL 36207</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 01/01/2018</p> <p>CURRENT</p>	<p>HEALTH CARE AUTH OF THE CITY OF ANNISTON D/B/A STRINGFELLOW MEMORIAL HOSPITAL ATTN CEO 301 E 18TH ST ANNISTON, AL 36207</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 01/01/2018</p> <p>CURRENT</p>	<p>HEALTH CARE AUTH OF THE CITY OF ANNISTON D/B/A STRINGFELLOW MEMORIAL HOSPITAL ATTN CEO PO BOX 2208 ANNISTON, AL 36202</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 10/31/2021</p>	<p>HENDERSON, JAMES, MD ADDRESS REDACTED</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 2/1/2022</p>	<p>HENDERSON, LAURA, NP ADDRESS REDACTED</p>
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSENT TO ASSIGNMENT</p> <p>CURRENT</p>	<p>HH HEALTH SYSTEM - MARSHALL LLC D/B/A MARSHALL MEDICAL CENTER SOUTH ATTN CEO 2505 US HWY 431 N BOAZ, AL 35957</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYEE LEASE AGREEMENT DTD 11/15/2019</p> <p>CURRENT</p>	<p>HH HEALTH SYSTEM - MARSHALL LLC D/B/A MARSHALL MEDICAL CENTER SOUTH ATTN CEO 2505 US HWY 431 N BOAZ, AL 35957</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/13/2018</p>	<p>HOVEY, MELISSA, NP ADDRESS REDACTED</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 8/1/2021</p>	<p>INFANTE, JORGE, MD ADDRESS REDACTED</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 11/15/2021</p>	<p>JACOBSON FAMILY LLC ADDRESS REDACTED</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 10/1/2021</p>	<p>JOHNSON, JEREMY, MD ADDRESS REDACTED</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>JONES, WAYNE, MD ADDRESS REDACTED</p>
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 2/14/2017</p>	<p>JUAN, LUIZ, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOMENT AGREEMENT DTD 8/28/2017</p>	<p>JUAN, LUIZ, NP ADDRESS REDACTED</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/31/2017</p>	<p>KELLEY, SCOTT, MD ADDRESS REDACTED</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/4/2017</p>	<p>KELLEY, SCOTT, MD ADDRESS REDACTED</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 10/3/2019</p>	<p>KIMBALL, RACHAEL, NP ADDRESS REDACTED</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/31/2017</p>	<p>KITCHENS, ALAN, MD ADDRESS REDACTED</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>KOLER, RIC, DO ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 12/10/2018</p>	<p>LAING, DENISE, NP ADDRESS REDACTED</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT</p>	<p>LAIRD, DENNIS A ADDRESS REDACTED</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 8/1/2022</p>	<p>LEMLEY, HENRY, MD ADDRESS REDACTED</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 2/22/2017</p>	<p>LIPSCOMB, MISTI, PA ADDRESS REDACTED</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>LOCKETTE, JASON, MD ADDRESS REDACTED</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 8/1/2021</p>	<p>LUNEJA, VINAY, MD ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 1/19/2019</p>	<p>MANCUSO, DIANA, MD ADDRESS REDACTED</p>
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 2/22/2023</p>	<p>MANGRA, ANNA, PA ADDRESS REDACTED</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSENT TO ASSIGNMENT DTD 10/01/2018</p> <p>CURRENT</p>	<p>MARSHALL COUNTY HEALTH CARE AUTH D/B/A MARSHALL MEDICAL CENTER SOUTH ATTN CEO 2505 US HWY 431 N BOAZ, AL 35957</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 07/01/2017</p> <p>CURRENT</p>	<p>MARSHALL COUNTY HEALTH CARE AUTH D/B/A MARSHALL MEDICAL CENTER SOUTH ATTN CEO 2505 US HWY 431 N BOAZ, AL 35957</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITAL SPECIFIC INFORMATION & REIMBURSEMENT</p> <p>CURRENT</p>	<p>MARSHALL MEDICAL CENTER D/B/A MARSHALL MEDICAL CENTER SOUTH ATTN CEO 2505 US HWY 431 N BOAZ, AL 35957</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 8/1/2021</p>	<p>MARTIN, JASON, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>MCCAIN, WILL, NP ADDRESS REDACTED</p>
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 4/1/2022</p>	<p>MCEVOY, BRITTANY, NP ADDRESS REDACTED</p>
2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 10/1/2023</p>	<p>MEKESA, MELISSA, MD ADDRESS REDACTED</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 9/1/2021</p>	<p>MELANCON, ERIC, MD ADDRESS REDACTED</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 11/12/2018</p>	<p>MILLER, ALBER, MD ADDRESS REDACTED</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 1/1/2022</p>	<p>MOORE, MEGAN, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 2/15/2017</p>	<p>MORRIS, LINDA, NP ADDRESS REDACTED</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 7/14/2017</p>	<p>MORRIS, LINDA, NP ADDRESS REDACTED</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER INDEPENDENT CONTRACTOR AGREEMENT 1099 DTD 8/5/2017</p>	<p>MORRIS, LINDA, NP ADDRESS REDACTED</p>
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 8/1/2022</p>	<p>NAILOR, BETHANY, NP ADDRESS REDACTED</p>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 7/1/2020</p>	<p>NEWSOME, COURTNEY, MD ADDRESS REDACTED</p>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY DEPARTMENT SERVICES AGREEMENT DTD 8/01/2017</p> <p>CURRENT</p>	<p>NORTHEAST ALABAMA REGIONAL MEDICAL CENTER ATTN CEO PO BOX 2208 ANNISTON, AL 36002</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 4/26/2018</p>	<p>OBERT, JOHN, MD ADDRESS REDACTED</p>
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 10/27/2017</p>	<p>OGBUCHI, SAMPSON, MD ADDRESS REDACTED</p>
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 12/27/2018</p>	<p>OSBORN, KRISTINA, MD ADDRESS REDACTED</p>
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 12/6/2017</p>	<p>OSBORN, KRISTINA, MD ADDRESS REDACTED</p>
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2022</p>	<p>PADLEY, JOHN MD ADDRESS REDACTED</p>
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 3/31/2021</p>	<p>PARKER, HEATH, DO ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BENEFITS TO CARRIER SERVICES AGREEMENT DTD 11/27/2017</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMPLOYER SERVICE AGREEMENT</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ENHANCED AFFORDABLE CARE ACT (ACA) AGREEMENT DTD 10/16/2017</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FULL SERVICE GARNISHMENT SUPPORT SERVICES AGREEMENT DTD 11/27/2017</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEARNING MANAGEMENT SYSTEM (LMS) SERVICE AGREEMENT DTD 11/27/2017</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PAY SUPPLEMENTAL SERVICE AGREEMENT DTD 11/27/2017</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PAYROLL SERVICE AGREEMENT DTD 02/13/2018</p> <p>CURRENT</p>	<p>PAYCOM PAYROLL LLC ATTN REPORTING AGENT/CFO 7501 W MEMORIAL RD OKLAHOMA CITY, OK 73142</p>
2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 2/15/2019</p>	<p>PELINI, DAVID, MD ADDRESS REDACTED</p>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 4/29/2020</p>	<p>PENDERGRAFT, STEPHEN, NP ADDRESS REDACTED</p>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 9/13/2017</p>	<p>PFITZER, SCOTT, MD ADDRESS REDACTED</p>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 11/1/2021</p>	<p>POPP, CHELSEA, NP ADDRESS REDACTED</p>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/1/2021</p>	<p>PREWITT, TIFFANY, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 10/17/2018</p>	<p>PREYEAR, ALZO, DO ADDRESS REDACTED</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 6/11/2018</p>	<p>R&G MEDICAL SERVICE LLC ADDRESS REDACTED</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 4/15/2020</p>	<p>RAMSEY, ANGELYN, MD ADDRESS REDACTED</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 4/1/2022</p>	<p>ROBERTS, ASHLEY, NP ADDRESS REDACTED</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 12/8/2018</p>	<p>RUSHING, TOMMY, NP ADDRESS REDACTED</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 12/21/2017</p>	<p>SELLS, KEVIN, MD ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 9/1/2021</p>	<p>SHEFFER, JENNY, DO ADDRESS REDACTED</p>
2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/14/2020</p>	<p>SHELTON, PAULA, MD ADDRESS REDACTED</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/29/2018</p>	<p>SIMS, JUDIETH, NP ADDRESS REDACTED</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 8/4/2017</p>	<p>SMITH, GEORGE, JR, MD ADDRESS REDACTED</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR AGREEMENT DTD 11/13/2017</p>	<p>SMITH, GREG, NP ADDRESS REDACTED</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 10/15/2022</p>	<p>SMITH, REBECCA, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>SNOW, JONI, NP ADDRESS REDACTED</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 11/1/2022</p>	<p>SPARKS, VICTOR L, MD ADDRESS REDACTED</p>
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER INDEPENDENT CONTRACTOR AGREEMENT 1099 DTD 7/20/2017</p>	<p>SPURLIN, SHELBY, NP ADDRESS REDACTED</p>
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>STRAIN, KELLEY, NP ADDRESS REDACTED</p>
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 12/13/2018</p>	<p>STRICKLAND, ADAM, NP ADDRESS REDACTED</p>
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT #1 TO EMERGENCY SERVICES AGREEMENT DTD 01/01/2020</p> <p>CURRENT</p>	<p>STRINGFELLOW MEMORIAL HOSPITAL ATTN CHIEF DEVELOPMENT OFFICER 301 E 18TH ST ANNISTON, AL 36207</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EMERGENCY SERVICES AGREEMENT DTD 01/01/2018</p> <p>CURRENT</p>	<p>STRINGFELLOW MEMORIAL HOSPITAL ATTN CHIEF DEVELOPMENT OFFICER 301 E 18TH ST ANNISTON, AL 36207</p>
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/15/2018</p>	<p>SUTTON, DEEANNA, NP ADDRESS REDACTED</p>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2021</p>	<p>SUZOL HEALTH PLLC ADDRESS REDACTED</p>
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>TOMASIE, KELLY, NP ADDRESS REDACTED</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HOSPITALIST & EMERGENCY DEPARTMENT PROFESSIONAL SERVICES AGREEMENT DTD 01/01/2019</p> <p>CURRENT</p>	<p>TRIAD OF ALABAMA LLC D/B/A FLOWERS HOSPITAL</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 10/15/2021</p>	<p>TUCKER, BRITTANY, PA ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 9/1/2021</p>	<p>TUCKER, CAREY, PA ADDRESS REDACTED</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LETTER OF NOTIFICATION AND APPRECIATION (SARAH OUZTS) DTD 03/12/2019</p> <p>CURRENT</p>	<p>UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING 5721 USA DR N, #3061 MOBILE, AL 36688-0002</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEMORANDUM OF UNDERSTANDING - AFFILIATION FOR CLINICAL OR EDUCATIONAL PRECEPTORSHIP DTD 08/15/2022</p> <p>CURRENT</p>	<p>UNIVERSITY OF SOUTH ALABAMA COLLEGE OF NURSING 5721 USA DR N, #3061 MOBILE, AL 36688-0002</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/7/2018</p>	<p>VANN, RICHARD ANDREW, MD ADDRESS REDACTED</p>
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTICE PROVIDER EMPLOYMENT AGREEMENT W2 DTD 5/4/2017</p>	<p>VAUGHN, KATHY, NP ADDRESS REDACTED</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOMENT AGREEMENT DTD 8/25/2017</p>	<p>VAUGHN, KATHY, NP ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/1/2021</p>	<p>VAUGHN, KATHY, NP ADDRESS REDACTED</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 10/1/2023</p>	<p>VITALITY MEDICAL LLC ADDRESS REDACTED</p>
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 7/10/2021</p>	<p>WAGNER, GREGORY VAN, MD ADDRESS REDACTED</p>
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 11/1/2021</p>	<p>WATSON, WHITNEY, NP ADDRESS REDACTED</p>
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 10/2/2017</p>	<p>WELKER, WESTON, MD ADDRESS REDACTED</p>
2.160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 2/1/2021</p>	<p>WILLIAMS, CHRISTOPHER, MD ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/1/2021</p>	<p>WILLIAMS, EDWARD, PA ADDRESS REDACTED</p>
2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/1/2021</p>	<p>WILLIAMS, EDWARD, PA ADDRESS REDACTED</p>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 10/25/2018</p>	<p>WILLIAMS, SHERRY, NP ADDRESS REDACTED</p>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 12/29/2020</p>	<p>WILLIAMSON, ASHLEY, NP ADDRESS REDACTED</p>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 10/9/2018</p>	<p>WILLIAMSON, LEAH, NP ADDRESS REDACTED</p>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PHYSICIAN AGREEMENT DTD 5/30/2018</p>	<p>WILLIAMSON, MARLON CHAD, MD ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 6/13/2018</p>	<p>WILSON, SKYLAR, NP ADDRESS REDACTED</p>
2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 5/1/2023</p>	<p>WISDA, JOHN, MD ADDRESS REDACTED</p>
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ADVANCED PRACTITIONER EMPLOYMENT AGREEMENT DTD 11/13/2018</p>	<p>WOODHAM, CYNTHIA, NP ADDRESS REDACTED</p>
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 1/1/2021</p>	<p>WOODHAM, REGAN, NP ADDRESS REDACTED</p>
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR PROVIDER AGREEMENT DTD 6/30/2022</p>	<p>WRIGHT, JOHN, DO ADDRESS REDACTED</p>
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVIDER EMPLOYMENT AGREEMENT DTD 5/1/2023</p>	<p>YOUNG, ELIZABETH, NP ADDRESS REDACTED</p>

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number 23-11500
(if known)☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes.

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.1	ACCUTE CARE SPECIALIST, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	ALIGN, M.D., PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	AMERICAN PHYSICIAN HOLDINGS, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	AMERICAN PHYSICIAN PARTNERS, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	AMERICAN PHYSICIANS PARTNERS PSO, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	APP AZ ED MEMBER 1, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.7	APP AZ ED MEMBER 2, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8	APP AZ ED MEMBER 3, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9	APP AZ ED MEMBER 4, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10	APP AZ ED MEMBER 5, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11	APP AZ ED MEMBER 6, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.12	APP EMERGENCY ED TX, INC.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13	APP HOLDCO, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14	APP ICU, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15	APP MANAGEMENT CO., LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16	APP MDPARTNERS OF GA, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17	APP MDPARTNERS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18	APP OF ALABAMA HM, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19	APP OF ARIZONA ED, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20	APP OF ARIZONA HM, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21	APP OF ARKANSAS ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22	APP OF ARKANSAS HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23	APP OF CENTRAL FLORIDA ED, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24	APP OF EAST TENNESSEE ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25	APP OF EAST TENNESSEE HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26	APP OF FLORIDA ED, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27	APP OF FLORIDA HM, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28	APP OF GEORGIA ED, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.29	APP OF ILLINOIS ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30	APP OF ILLINOIS HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31	APP OF INDIANA ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32	APP OF INDIANA HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33	APP OF KANSAS ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34	APP OF KANSAS HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35	APP OF KENTUCKY ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36	APP OF KENTUCKY HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37	APP OF MICHIGAN ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38	APP OF MISSISSIPPI ED LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.39	APP OF MISSISSIPPI HM, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40	APP OF NEVADA ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41	APP OF NEW MEXICO ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42	APP OF NEW MEXICO HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43	APP OF NORTH CAROLINA ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44	APP OF NORTH CAROLINA HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45	APP OF OHIO ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.46	APP OF OHIO HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47	APP OF SOUTH CAROLINA ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48	APP OF SOUTH CAROLINA HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49	APP OF SOUTHERN ARIZONA ED, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50	APP OF SOUTHERN ARIZONA HM, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51	APP OF SOUTHERN NEW MEXICO ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52	APP OF SOUTHERN NEW MEXICO HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53	APP OF TENNESSEE ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54	APP OF TENNESSEE HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55	APP OF WEST VIRGINIA ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56	APP OF WEST VIRGINIA HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57	APP OF WESTERN KENTUCKY ED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58	APP TEXAS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59	APPROVIDERS, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60	APPTXASSED, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61	APPTXASHM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.62	CALEB CREEK EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing Address	Name	Check all schedules that apply
2.63	CAPITAL EMERGENCY PHYSICIANS LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.64	CAPITAL EMERGENCY PHYSICIANS MADISON LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.65	COOSA RIVER EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66	DEGARA APP HM, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67	DEGARA APP, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68	DEGARA GARDEN CITY APP, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.69	DEGARA GARDEN CITY, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70	DEGARA, P.L.L.C.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.71	ELITE EMERGENCY HOT SPRINGS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72	ELITE EMERGENCY MANAGEMENT, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73	ELITE EMERGENCY RUSSELLVILLE, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74	ELITE EMERGENCY SERVICES OF KENTUCKY, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75	ELITE EMERGENCY SVC OF KY, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.76	ELITE EMERGENCY SVC OF TN, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77	EMERGENCY SPECIALISTS OF WELLINGTON, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78	EMERGIGROUP PHYSICIAN ASSOCIATES, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.79	KALAMAZOO EMERGENCY ASSOCIATES, PLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

(Name)

Additional Page if Debtor Has More Codebtors

Column 1: Codebtor			Column 2: Creditor	
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2.80	KIRBY EMERGENCY PHYSICIANS, P.L.L.C.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.81	LITTLE RIVER EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82	LONGVIEW EMERGENCY MEDICINE ASSOCIATES, P.L.L.C., D/B/A LEADING EDGE MEDICAL ASSOCIATES, P.L.L.C.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.83	NETEP, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84	NORTHEAST TENNESSEE EMERGENCY PHYSICIANS, INC.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85	PROGRESSIVE MEDICAL ASSOCIATES, LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.86	SAN JACINTO EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.87	ST. ANDREWS BAY EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.88	STONEY BROOK EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.89	TEP SELECT EMERGENCY SPECIALISTS PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90	TEXOMA EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.91	TOWN SQUARE EMERGENCY ASSOCIATES, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92	TRUEPARTNERS COMANCHE EMERGENCY SPECIALISTS LCC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.93	TRUEPARTNERS EMERGENCY PHYSICIANS LLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.94	TRUEPARTNERS LAKEWOOD INPATIENT SPECIALISTS LCC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.95	TRUEPARTNERS MANATEE EMERGENCY SPECIALISTS LCC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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2.96	TRUEPARTNERS NORTHWEST EMERGENCY ASSOCIATES, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97	TRUEPARTNERS RANCH EMERGENCY SPECIALISTS LCC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98	TRUEPARTNERS WESTLAKE EMERGENCY SPECIALISTS LCC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.99	WEST HOUSTON EMERGENCY PHYSICIANS, P.L.L.C.	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.100	WOODLANDS EMERGENCY PHYSICIANS, PLLC	5121 MARYLAND WAY STE 300 BRENTWOOD, TN 37027	GOLDMAN SACHS SPECIALTY LENDING GROUP L.P., AS ADMINISTRATIVE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor APP OF ALABAMA ED, LLCUnited States Bankruptcy Court for the: DelawareCase number
(if known) 23-11500

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/12/2023
MM / DD / YYYY

X

/s/ John C. DiDonato

Signature of individual signing on behalf of debtor

John C. DiDonato

Printed name

Chief Restructuring Officer

Position or relationship to debtor